

No. 2
-13-40
17-39
(X23159)

PROB FEB 17 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1737

Registration District No. 73 Primary Registration District No. 3006 State File No. _____
Registrar's No. 8

1. PLACE OF DEATH:
(a) County. Boone
(b) City or town. Columbia
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community. 33 yrs.
years, months or days)

3. (a) PRINT FULL NAME EMILY BECKER HAIGH
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife L. D. HAIGH 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 23 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 20
If less than one day hr. _____ min. _____

9. Birthplace PORT HURON Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY BECKER
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
14. Maiden name AMALIA ?
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant L. D. HAIGH
(b) Address Columbia Mo

17. (a) Removal (b) Date thereof 1-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PORT HURON MICH.

18. (a) Signature of funeral director Parker-Turner Co

(b) Address Columbia Mo

19. (a) 1-13-41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia 10
(If outside city or town limits, write "RURAL")
(d) Street No. 1617 Anthony 11
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1941 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 13, 1941 to Jan 13, 1941
that I last saw him alive on Jan 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardiitis Duration 1 yr

Due to Hypertension 5 yrs

Due to 93.5

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence ✓

(c) Where did injury occur? ✓

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 74

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature AWK (M. D. or other) D

Address Columbia Mo Date signed 1-23-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~as by~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

W. J. Vandewinter

Licensed Embalmer No.

2494

P. O. Address

Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.